

Brook Manchester

Quality Report

Brook Manchester

Quality report

Sexual Health Services

Brook Manchester , Lever Street, Manchester, M1

Tel:

Website:

Date of inspection visit: 15 February 2017

Date of publication: 23/06/2017

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Summary of findings

Letter from the Chief Inspector of Hospitals

Brook Manchester has previously been inspected by the Care Quality Commission on 14 June 2014. The Care Quality Commission inspected against five core standards and found the unit to be compliant

Brook Manchester has provided confidential sexual health services, support and advice to young people since 1972.

Brook Manchester is recognised as a level 2 contraception and sexual health service (CASH). The Department of Health's National Strategy for Sexual Health and HIV for England 2001 set out what services should provide at each recognised level. As a level 2 service Brook Manchester provided contraception, emergency contraception, condom distribution, screening for sexual transmitted infections, pregnancy testing, termination of pregnancy referrals and counselling.

Brook Manchester provided a sex and relationship education and training programme to young people and professionals engaged in working with young people.

Support, guidance and advice was provided to young people who were transitioning to adult services for their ongoing care and treatment.

The service operated from a main clinic in the centre of Manchester and outreach support was provided within schools and colleges around the Manchester area. Staff included reception staff, registered nurses, clinical support workers, health and well-being specialists, and counsellors.

The clinic reported 2551 attendees between the reporting period of October 2016 and January 2017, of those 791 patients were first appointments. The service provided clinics six days a week on Mondays to Saturdays in the main clinic and weekly drop in clinics at schools and colleges around the area.

We inspected the clinic as part of our routine comprehensive inspection programme for independent community healthcare services. We carried out an announced inspection visit on 15 February 2017 and an unannounced inspection on 23 February 2017.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs and well-led?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Our key findings were as follow:

- Brook Manchester had systems in place for reporting risk and safeguarding patients from abuse.
- Medical equipment was checked and maintained and we saw stickers and logs to confirm that electrical equipment had been tested across all areas.
- Patient records were stored securely at the clinic and access was limited to those individuals who needed to use them. This ensured that patient confidentiality was maintained at all times.
- Staff treated young people with dignity and respect and informed them of information to help them make choices. Young people we spoke with told us they staff were friendly and compassionate. During consultations we observed staff deliver care in a caring, compassionate and supportive way.
- Staff had access to policies and procedures such as the British Association of Sexual Health and HIV (BASHH), the Faculty of Sexual and Reproductive Healthcare (FSRH) and the Royal College of Obstetricians and Gynaecologists (RCOG); these were available on the intranet.
- We observed a number of pathways in place, which included onward referral processes for example: female genital mutilation, drug and alcohol, and emergency crisis mental health team, and the escalation process for complaints.

Summary of findings

- The clinic was responsive to the needs of the local population; it was located in the Centre of Manchester with good transport links.
- The service was available six days a week between Monday and Saturday and offered a drop in or appointment service.
- For the six month period from 1 July 2016 to 31 December 2016, 3986 contacts were made to the Brook Manchester clinic. Of these contacts 81.8% were seen within 30 minutes with 55.8% seen within 10 minutes.
- The Brook website had 24 hour access to 'Ask Brook' which provided information on a range of topics including termination of pregnancy, staying safe on line, and contraception. Young people and staff had access to a language line which provided a telephone interpretation service for young people attending the service whose first language was not English.
- There were processes in place to support young people with learning difficulties which included working with other services involved in their care.
- Young people had access to information within the clinics on how to make a complaint. Staff were aware of the process for dealing with complaints however: there had been no complaints received by the service in the 12 months prior to our inspection.
- Robust systems were in place to ensure staff held the appropriate certification and experience for their roles. We reviewed eight staff records that confirmed staff were fit and proper persons.
- Staff that worked at the clinic felt appreciated and valued, they discussed with us the different ways Brook recognised staff for their hard work.
- The culture in the clinic was a supportive one; colleagues had an open door policy, allowing one another to ask for help or support.

However,

- Not all clinical staff who contributed to assessing, planning and evaluating the needs of a child or young person had completed level three safeguarding training as recommended in the Intercollegiate Document (2014) and by Brook's safeguarding committee.
- There were no audits available to determine if Patient Group Directives (PGDs) had been adhered to when medication was dispensed.
- The practice in place for storage of specimens did not reflect Brook Policy and specimens were kept in the reception area which was used by staff.
- There was no dirty utility area in the clinic or designated separate area for storage of contaminated waste. Bodily fluids were being disposed of in the orange bags within the treatment rooms and although this was in a container the fluid was not solidified as per Brooks Safe Disposal of Waste Policy and could present a risk of infection when being transported. Staff informed us that it was rare that these bags needed storing due to becoming full however; the room where they would be stored along with used sharp bins was in an area that stored clean equipment and sterile equipment.
- There were governance structures in place, which included a risk register but the register did not have any specific risks relating to Brook Manchester. Practice we observed at the time of our inspection did not reflect Brook policies and procedures in relation to handling specimens, and storage and disposal of waste
- We observed that allergy status was not always recorded on the young persons' records. The records we reviewed suggested that young people attending the clinic for condoms were not asked if they had an allergy to latex.
- Registered managers from different areas did not meet on a regular basis; this meant that they missed opportunities to share best practice and improvements.
- Robust pathways were in place to feedback audit results to staff, staff were keen to learn and improve their service. However recommendations from audits were not always followed up and therefore the service were unable to check if practice had improved.

Summary of findings

- We were not assured that audits were robust as audits had not addressed issues when practice did not follow Brook Policies.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report

Professor Sir Mike Richards

Chief Inspector of Hospitals

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

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Summary of this inspection

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Location name here

Services we looked at

Community health (sexual health services)

Summary of this inspection

Background to Brook Manchester

Brook young people is the registered provider for Brook Manchester, the organisation provides confidential sexual health services, support and advice to young people age of 19 or under. Brook Manchester is registered to provide care and treatment under the following regulated activities: diagnostic and screening services, family planning and treatment of disease, disorder or injury.

During the inspection, we reviewed documentation such as care and treatment records, policies and literature. At the time of the inspection we spoke with six young people attending the unit and twelve staff who worked there. We observed five consultations and reviewed 12 young people records.

Our inspection team

The inspection was led by a CQC inspector, who was supported by three other CQC inspectors and a specialist advisor with expertise in sexual health. The inspection team was overseen by an Inspection Manager.

Why we carried out this inspection

We inspected the service as part of our routine comprehensive inspection programme for independent Healthcare services. We carried out an announced inspection visit on 15 February 2017 and an unannounced inspection on 23 February 2017.

How we carried out this inspection

Before visiting the Clinic, we reviewed a range of information we held about the service. We carried out an announced inspection visit at the unit on 15 February 2017 and an unannounced inspection on 23 February 2017.

We spoke with a range of staff across the unit, both individually and as part of a group, including the registered manager, nurses, administrative and clerical staff. During our inspection we reviewed services provided by Brook Manchester.

During our inspection, we visited the main clinic in Manchester City Centre.

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

To get answers to these questions we seek information in a number of ways. Before visiting, we reviewed a range of information we hold about the sexual health service and asked other organisations to share what they knew. We carried out an announced visit on 15 February 2017. During the visit we spoke with a range of staff who worked within the service, such as nurses, receptionists and managers. We talked with young people who used

Summary of this inspection

the service. We observed the interaction between staff and how young people were cared for. We also reviewed care and treatment records of people who used the services.

During the inspection visit, the inspection team:

- visited all areas of the clinic, looked at the quality of the environment and observed how staff were caring for young people
- spoke with six patients who were using the service
- spoke with the registered manager and Nurse leads
- spoke with twelve other staff members; including nurses, receptionist and other personnel.
- attended and observed five consultations
- Looked at 12 care and treatment records of young people
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

- There were policies and procedures in place to support staff to report incidents. Staff were able to access the policies and were aware of the nature of incidents to report. We observed action taken following a medication incident.
- The management of medicines adhered to best practice guidelines, which included Service Standards for Sexual and Reproductive Health and the Nursing and Midwifery Council and we found medicines were safely stored and dispensed.
- Systems were in place to ensure children and young people who had been identified with safeguarding concerns were supported and followed up. We saw the use of a Manchester Safeguarding Central Database which was actively monitored and identified plans and actions taken. There was access to a Brook on-call safeguard lead and we observed the rota for the on-call available in the reception area with contact details.
- There were systems in place to ensure equipment was regularly maintenance checked and calibrated.
- Young people's records were stored securely and safely and confidentiality was maintained at all times. Records we reviewed were legible, dated and signed, and evidenced that consent had been gained and the young person was actively involved in the decisions about their sexual health.
- Brook had identified mandatory training for all staff and at the time of our inspection there was 100% compliance with mandatory training.
- The service was a nurse-led service, which employed ten nurses and two clinical support workers and health and well-being specialists. We found rotas were well managed, staff were flexible in their approach to work and there had been no unfilled shifts for the period 28 September 2016 to 24 November 2016.

However;

- Not all clinical staff who contributed to assessing, planning, and evaluating the needs of a child or young person had completed level three safeguarding training as recommended in the Intercollegiate Document (2014) and by Brook's safeguarding committee.

Summary of this inspection

- There were no audits available to determine if Patient Group Directives (PGDs) had been adhered to when medication was dispensed.
- We observed that allergy status was not always recorded on the young persons' records. The records we reviewed suggested that young people attending the clinic for condoms were not asked if they had an allergy to latex.
- The practice in place for storage of specimens did not reflect Brook Policy and specimens were kept in the reception area which was used by staff.
- There was no sluice area in the clinic or designated area for storage of contaminated waste. Bodily fluids were being dispensed in the orange bags within the treatment rooms and although this was in a container, the fluid was not solidified as per Brook's Safe Disposal of Waste Policy and could present a risk of infection when being transported. Staff informed us that it was rare that these bags needed storing due to becoming full however; the room where they would be stored along with used sharp bins was in an area that stored clean equipment and sterile equipment.
- Clinical records were in the form of both electronic and paper. We found in one record out of the ten we reviewed that the date of birth recorded on the electronic record was not the same as that recorded on the paper record. There were plans in place for a new electronic clinical record to be installed which would negate the need for paper records in the future.
- Staff had no major incident training or scenario training, this meant that staff did not know what their roles or responsibilities were if a major incident was declared.

Are services effective?

- The Brook organisation based their policies and procedures on national good practice recommendations and standards, such as those provided by The National Institute for Clinical Excellence (NICE) guidelines, British Association of Sexual Health and HIV (BASHH) and the Faculty of Sexual and Reproductive Healthcare (FSRH).
- Staff received monthly newsletters, which included updates to policies and procedures and we observed these at the time of our inspection.
- All nursing staff had completed Sexually Transmitted Infections Foundation (STIF) training and were all Contraception and Sexual Health Nurses by completing the Contraception, Reproduction and Sexual Health Training (CRASH).

Summary of this inspection

- Information was easily available on the organisation's website for young people to access and the website included a visual tour of the clinic, which could be viewed prior to attending. Outcomes of tests and appointment reminders and follow-ups could be provided to young people by text, if they had consented to this form of communication.
- Assessment of young people less than 16 years of age was completed in accordance with Fraser Guidelines. This is a national protocol for assessing the maturity of a young person to make decisions and understand the implications of their contraceptive choices. We observed client records indicating this assessment had been completed.
- Brook had a national annual clinical audit cycle. This identified planned audits which included: implant fitting and removal, sexually transmitted infection testing and treating, infection control, emergency contraception, and referrals for termination of pregnancy.

However:

- Audit had identified that the service were achieving 27% for the sexual transmitted infection (STI) screening prior to removal of implants which was below the target of 33.3%.
- It was not clear if young people who were pregnant and requesting abortion were offered an STI screening test as the documentation was not always completed.
- There were seven staff out of 23 that had not received an appraisal in the 12 months prior to our inspection and the opportunity to identify learning needs may have been missed.

Are services caring?

- Feedback from young people we spoke with was overwhelmingly positive and comments included 'it's amazing and someone to talk to'.
- Staff we spoke with and interactions we observed between staff and young people demonstrated that staff treated people with respect and dignity and were non-judgemental.
- A National Countermeasures Survey conducted in 2016 indicated that 100% of respondents at Brook Manchester would recommend Brook to a friend.
- All staff who responded to the 2015 staff survey felt that young people were cared for with dignity and respect. It also identified areas of where staff felt that the organisation could improve. We

Summary of this inspection

observed five consultations where staff gave young people information about options of treatment available to enable them to make an informed choice. This demonstrated how young people were involved in decisions about their care.

- The clinic offered a counselling service to young people; counsellors were volunteers who were trained counsellors. They offered support and the opportunity to talk if young people needed to.

Are services responsive?

- Due to the central location of Brook Manchester, it could be accessed easily using by public transport.
- The service was available six days a week between Monday and Saturday and offered a drop in or appointment service.
- For the six month period from 1 July 2016 to 31 December 2016, 3986 contacts were made to the Brook Manchester clinic. Of these contacts 81.8% were seen within 30 minutes with 55.8% seen within 10 minutes.
- The Brook website had 24 hour access to 'Ask Brook', which provided information on a range of topics, including termination of pregnancy, staying safe on line and contraception. If young people required urgent or emergency information or care there was a range of services listed with details how to contact the service.
- Staff had access to a language line, which provided a telephone interpretation service for young people attending the service whose first language was not English. There was a loop induction service available to support young people that had hearing difficulties.
- Young people were triaged by a clinical support worker to ensure they were referred to the appropriate service and were not waiting unnecessary.
- There were processes in place to support young people with learning difficulties, which included working with other services involved in their care.
- Information was available within the clinics for young people on how to make a complaint. Staff were aware of the process for dealing with complaints however: there had been no complaints received by the service in the 12 months prior to our inspection.

Summary of this inspection

Are services well-led?

- The clinic had a vision and mission statement, which was embedded within the service.
- Strategic goals were set by Brook and followed by staff at Brook Manchester; staff were positive about working to the eight goals and had been instrumental in developing them at a local level.
- There were clear governance systems within Brook Manchester and the wider organisation.
- The culture of the service was one of openness and transparency, colleagues worked well together and called on each other for expert advice. The local leadership shaped the culture through effective engagement with staff and young people who used the service.
- Staff we spoke with felt respected and valued by their colleagues, their managers and the national organisation. This was reflective in the national staff survey.
- The unit was continuously looking at innovative ways to promote the work they do to ensure young people have the support they need to become responsible for their own sexuality.
- Pathways were in place to feedback audit results to enable staff to learn and improve services.

However:

- There were governance structures in place, which included a risk register but the register did not have any specific risks relating to Brook Manchester.
- Practice we observed at the time of our inspection did not reflect Brook policies and procedures in relation to handling specimens, and storage and disposal of waste.
- Registered managers from different areas did not meet on a regular basis; this meant that they missed opportunities to share best practice and improvements.
- Recommendations from audits were not always followed up and therefore the service was unable to check if practice had improved.
- The infection control audit performed in December 2016 had not recognised that the infection control policy was not being adhered to in relation to managing waste and specimens and therefore we were not assured that the audit process was robust.

Termination of pregnancy

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are termination of pregnancy services safe?

Incident reporting, learning and improvement

- The organisation had a national policy and procedure which guided staff on the reporting of any incidents or concerns and was available on the organisations intranet system.
- Staff we asked at the time of our inspection knew how to access the policy and were aware of the procedure to follow.
- There were no clinical incidents reported at Brook Manchester for 12 months prior to November 2016 however: there had been three incidents reported between December 2016 and the time of our inspection. One incident was in relation to medication being dispensed outside of a Patient Group Directive (PGD), hoax text messages about test results, which was not sent by Brook and problems logging on to the electronic system .
- Incidents were robustly investigated; a clear account of the discussion between the staff member and lead nurse or registered manager following the incident was documented. If necessary an action plan with assigned time frames and designated responsible persons was put into place to reduce the risk of the incident reoccurring.
- The registered manager provided feedback to staff following incidents. This was achieved in a variety of ways, such as inclusion in the clinical newsletter, which was sent out by email, at team meetings or in one to one sessions with staff. Staff were aware of the incidents that had taken place, this was evident the discussions had with staff at the time of the inspection.
- We asked six members of staff to give examples of the types of incidents they would report, these included: sharps injury, medication errors, and data breaches

however; some staff were less familiar with examples they may report. We were given an example of the recent medication incident. We observed an incident form had been completed, there was a documented discussion with the young person that the incident had occurred, and alternative medication was prescribed. Actions taken included an audit of the clinician's records, and learning was to be shared at the team meeting.

- At the end of each day the team completed a De-brief session and a De-brief form which collated any incidents, safeguarding, and other issues occurring that day. We reviewed 12 daily De-brief forms for the period from 27 January 2017 to 10 February 2017. We reviewed the forms and found six causes for concern were recorded with actions taken, no incidents were identified and no safeguarding issues were identified.
- There had been no never events reported at Brook Manchester for the twelve month period up to November 2016. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- Data was submitted to the Sexual and Reproductive Health Activity Data Set (SRHAD). The SRHAD consists of anonymised patient-level data which is submitted on a quarterly basis and collected on behalf of Public Health. Brook Manchester did provide screening services for human immunodeficiency Virus (HIV) however: they did not submit data to the HIV and Aids reporting services (HARS).

Duty of Candour

- Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is a regulation which was introduced in November 2014. The Duty of

Termination of pregnancy

Candour legislation requires the organisation to be open and transparent with a patient when things go wrong in relation to their care and/or the patient suffers harm or could suffer harm which falls into defined thresholds. Guidance was available to staff regarding Duty of Candour, this was accessible on the intranet.

- Staff we spoke with were knowledgeable about the Duty of Candour legislation. Managers we spoke with were clear that Duty of Candour was considered following reported incidents and a record made on the incident log as to whether the process was followed.
- We observed a documented discussion with a young person when an incident in relation to a medication error had occurred.

Safeguarding

- Safeguarding policies and procedures were incorporated in Brook's Protecting Young People Policy. This was one of the six Pillar Policies designed to support and guide staff and was available to staff via the intranet.
- A single safeguarding pro-forma was in use for all safeguarding concerns and included identification of the concern and level of risk of harm, as well as the client's attitude to the concern raised, and any special circumstances for example: if the client was under 13 years old and if the concern resulted in an internal or external action plan.
- Staff discussed the importance of exploring consent to have sex during every consultation with young people. Examples were given of incidents where staff at Brook were the first to identify children as young as 12 being sexually abused. Staff discussed the incident within the organisation and with their safeguarding team and reported to the appropriate external agencies.
- Assessment of young people under the age of 16 years was completed in accordance with Fraser Guidelines. This is a national protocol for assessing the maturity of a young person to make decisions and understand the implications of their contraceptive choices.
- There were 24 safeguarding pro-formas completed for the period October 2016 to December 2016, with six resulting in an internal referral, seven requiring an external referral, and 11 requiring immediate referral.
- Safeguarding training was part of the mandatory training and it was mandatory that all staff received Brook safeguarding training at three yearly intervals, which was aimed at level two safeguarding. Additional

training to safeguarding level three was available from the local council safeguarding committee. There were four staff that were attending Brook safeguarding mandatory training in February 2017, one staff was leaving in February 2017, and the remaining 20 staff had all received the training in the last three years.

- We found that three (25%) out of the 12 clinical staff had received safeguarding training at level three.
- The safeguarding children and young people: roles and competencies for health care staff Intercollegiate Document (2014) states that clinical staff who contribute to assessing, planning and evaluating the needs of a child or young person should be trained to safeguarding at level three and makes reference to sexual health care staff. Brook Corporate Policy stated level three was mandatory for all staff involved in the assessment of children and young people. Therefore, we were not assured that all staff who assessed patients had the relevant training to identify safeguarding concerns.
- There was a safeguarding lead nurse that worked with the service for four hours a week, who was able to offer advice and review safeguarding concerns that had been raised. The safeguarding lead had protected time to offer safeguarding supervision to staff to discuss cases. The safeguarding lead did not attend the local safeguarding committee meetings, or Brook Safeguarding Committee, the service manager attended these meetings.
- There was access to a Brook on-call safeguard lead and we observed the rota for the on-call available in the reception area with contact details.
- A national safeguarding committee within the Brook organisation met regularly, members reviewed safeguarding issues, which were reported from around the country. Information from the committee was cascaded back to Brook Manchester, this included relevant changes to policy within Brook or nationally.
- Minutes from the safeguarding committee meeting from October 2015 identified that the safeguarding committee supported the recommendation that client facing staff are trained to level three, subject to an assessment of how to achieve that goal within Brook's financial constraints.
- All safeguarding concerns were recorded on the Manchester Safeguarding Central Database, which we observed at the time of our inspection which included: the nature of the concern, actions taken and the

Termination of pregnancy

outcome when the process had been completed. The database was reviewed two to three times a week by the safeguarding lead, or the manager, to ensure all actions were followed up. We cross checked the records for a safeguarding issue that was raised the day before our inspection. We found the concerns were documented on the De-brief form, added to the database, a pro-forma was completed, and the concern and actions taken were documented in the young person's record. There was a prompt on the electronic record titled 'Action Points', here staff could write cause for concern' then other staff were aware a pro-forma had been completed.

- At the time of our inspection, there was no access to records at other Brook locations so safeguarding concerns could not be shared and the service were not provided with a record of young people at risk from the local safeguarding committee. Brook Manchester was awaiting installation of the new electronic record system, which was due to be in place over the next few months. Staff told us safeguarding issues were not missed due to this as they would complete the safeguarding process until outcomes were met and the case was closed.
- In the ten records we reviewed, there were no safeguarding pro-formas completed as they were not applicable in the reviewed cases. We observed on the paper records that a green dot was placed on the folder if a young person was under the age of 16 years of age and a red dot was added if there was a safeguarding concern so that staff were easily alerted.
- Brooks Sexual Behaviours Traffic Light Tool was in use by practitioners at Brook Manchester. This tool had been developed to support professionals working with children and young people by helping them to identify and respond appropriately to sexual behaviours.
- Child sexual exploitation (CSE) involves under-18s in exploitative situations, contexts and relationships. This can involve the young person (or another person) receiving something such as food, accommodation, drugs, alcohol, cigarettes, affection, gifts or money in exchange for the young person performing sexual activities or having sexual activities performed on them. We found two out of the twelve clinical staff had received additional training on the training matrix in

relation to this however: we observed this being included in Brook wide safeguarding mandatory training. Staff we spoke with at the time of our inspection were knowledgeable about CSE.

- Female genital mutilation (FGM) (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK. The organisation had updated their policy and procedure following the amendments to the Department of Health guidelines 2015. . We reviewed the training matrix and found one out of the twelve clinical staff had received training for FGM.

Medicines

- Brook had guidance and information on the safe management of medicines within policies and procedures which were available on the intranet. The medicines management policy took account of best practice as outlined in the Faculty of Sexual and Reproductive Healthcare (FSRH).
- The service used Patient Group Directives (PGDs) to enable nurses to dispense medication. A patient group direction allows some registered health professionals (such as nurses) to give specified medicines (such as painkillers) to a predefined group of patients without them having to see a doctor. We observed PGDs had been signed off by a doctor, pharmacist, head of nursing and an executive director of Brook which met best practice.
- We reviewed nine clinicians PGD files and found that the PGDs for different medication were in date and signed as per National Institute for Clinical Excellence (NICE) guidelines.
- The clinic had antimicrobial protocols in place.
- We requested medication audits to determine that medication was prescribed in accordance with the PGDs however; staff told us there were no audits completed.
- Medication was stored in locked cabinets in rooms that were accessed via a key code or a key. Each treatment room had a locked medication cupboard on the wall. We reviewed one medication cupboard and found medication was in date and there was an anaphylaxis kit, which had daily checks documented.
- There was no medication kept on site that required refrigeration and no medication was transported to other locations.

Termination of pregnancy

- The administrator and a nurse ordered and monitored stock in relation to medication. Reconciliation forms were completed daily to determine stock levels and four times a year a full stock take was performed.
- Medication was provided by a local service provider and any medication for disposal was removed by the same service provider.
- Medical and family history was taken during the consultation to make sure patients were given the most appropriate medication. Prior to medication being dispensed, staff explained and discussed the way the medication worked and how it should be taken. When medication was dispensed a label was placed on the medication box, which included address, date, name of young person the medication was for, and 'keep out of the reach of children' which reflected best practice guidelines from the Faculty of Sexual and Reproductive Healthcare (FSRH) Service Standards for Sexual and Reproductive Health and the Nursing and Midwifery Council Standards for Medicine Management.
- We reviewed two clinical records where medication had been dispensed and found that the name, strength, dose, and frequency of the medication was recorded in line with best practice guidelines.
- There was one oxygen cylinder on site, which was stored behind the reception area with the emergency equipment and we saw that this was checked monthly. In addition, the oxygen cylinder is serviced by an external company on an annual basis. We looked at seven records in total for allergy status; in five young people's records where medication had been administered allergies were recorded. In the remaining two records where the patient had received condoms only, no allergy status was completed. This could place the young person at risk if a latex allergy was present.
- At the time of our inspection any specimens including urine samples, or swabs for Sexually Transmitted Disease (STI) screening were placed in a specimen bag with a request form and placed in a basket on a cupboard behind the reception area. When we returned on our unannounced part of the inspection, we found a brown envelope which was unlabelled on a shelf in the grey lockable cupboard with samples in. We asked staff about storage of samples and were told they were collected twice weekly and each evening they were taken out of the basket and placed in the envelope and locked in the cupboard overnight.
- The education team used a hard plastic box with a rigid lid which was labelled 'samples' to transport specimens back to the clinic and then placed them in the brown envelope.
- Brook had a policy for specimen collection and transportation. The policy stated that completed specimens should not be kept in the reception or waiting room and whilst waiting collection specimens 'will be kept in a designated area away from the public and staff'. The practice of storing specimens did not reflect the policy in place.
- Treatment rooms were well stocked with personal protective equipment, such as gloves and aprons.
- We saw no sterilisation equipment at the clinic, staff used disposable or equipment that was for one use only.
- Portable appliance testing was carried out annually and we observed blood pressure monitoring equipment and computer equipment had stickers in place that identified that the equipment had been maintenance checked within the 12 months prior to our inspection. We observed two sets of scales and both had been recently calibrated.
- There was one clinical fridge at the location, which was used to store blood samples. At the time of our inspection the fridge was locked and there were no samples stored. The temperature range was recorded daily and we observed this recorded daily and within the acceptable ranges from the 16 January 2017 to the time of our inspection.
- The environment in the unit was tidy and clutter free. Staff told us they had easy access to the equipment they needed to care for patients. This included access to swaps or screening equipment when required.
- All cleaning products were stored in a locked cupboard.

Environment and equipment

- The service was located in a large building in central Manchester; it had easy transport links and wheel chair access.
- The reception desk faced the entrance, allowing staff to immediately greet young people as they entered.
- Young people were initially asked to wait in a large waiting room at reception, patients were asked to wait in this area once they had been screened and forms were completed.
- The waiting area was at the side of reception which had chairs tables and a water fountain.

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- There were systems and procedures in place for the disposal of clinical waste. Staff informed us there was a collection weekly each Thursday. We observed clinical waste guidance visible in each treatment room however: there was no dirty utility area in the clinic.
- We asked staff on our unannounced visit where the orange bags, which included contaminated waste, were stored if they became full in the treatment room bins and required emptying. We were shown a room where these would be taken along with the used sharps bins prior to collection. The room was small with limited space and was used to store clean equipment of which some was sterile equipment. Two staff we asked told us they could contact the contractor to collect the waste earlier if the bins became full. We were told this happened rarely and the bins were not full in a week period.
- The Brook Policy for Safe Disposal of Waste October 2016, states that waste should not be stored in clean areas and any body fluids should have the contents solidified to enable them to be transported safely. Staff told us they tested urine in the treatment room then replaced the lid on the container and then disposed of the container in the red bin. Staff did not discuss the process of solidifying the urine. We were concerned that contaminated waste and urine was left in the bins in the treatment rooms for potentially a week and could present an infection control risk as the policy was not being adhered to.
- Sharps bins were in use within the clinic to ensure the safe disposal of sharp instruments, such as needles. In treatment rooms we observed, sharps containers were labelled appropriately and stored closed when not in use and attached to the walls.
- Fire escape routes were clearly visible.

Quality of records

- We reviewed ten sets of clinical records, which were in the form of both paper and electronic. We found nine of the ten records were legible, signed and dated, and included the staff designation. On the one record where this was not included we found that the date of birth on the electronic record was different from that documented on the paper record.
- At the time of our inspection there were no record keeping audits available. From November 2016, Brook nationally implemented peer reviews, which involved auditing client notes for each member of staff. This data

had been uploaded electronically and once significant data is uploaded this will be used to review individual staff members record keeping to establish if there are any training needs. Any concerns are raised straight away with staff members and are investigated by the line manager. Alongside the national peer review audit Brook Manchester were going to conduct a local record keeping audit on a quarterly basis, which had been scheduled to commence in March 2017.

- Staff providing the service at alternative locations, for example in colleges, did not have access to electronic records, but could take a paper record out with them. Records were transported in locked bags back to the clinic and the electronic part of the record was updated the same day.
- Records were kept securely at all times to maintain the confidentiality of young people who accessed the service. When not in use, paper records were stored in a locked room in locked cupboards when the clinic was closed.
- When a young person attended the clinic, the reception staff obtained basic details from them and then made their notes available for the clinicians. The records were stored in the reception area and collected by the clinician when calling the young person into the clinical room. Once the clinician had concluded the visit, the notes were returned to the reception.
- Plans were in place for a new electronic record system to be implemented in line with other Brook services which would remove the need for paper records. At the time of inspection, a specific date was not given but the roll out of this system was scheduled to be in place within the next three months

Cleanliness, infection control and hygiene

- Staff had access to Brook policy and procedures for infection control via the intranet. Information and guidance included: the use of personal protective equipment, hand hygiene, disposal of waste and sharps, handling of specimens and cleaning spillages. The policy and procedures were reviewed in October 2016.
- The Brook Procedure for Specimen Collection and Transportation October 2016 stated that specimens of blood and body fluids must only be taken or handled by staff who have received the appropriate training. This

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included infection control updates. We reviewed the mandatory training for infection control and found all eligible staff had received training in the 12 months prior to our inspection.

- The Brook Hand Hygiene Policy October 2016 stated that hands should be washed before and after attending to a client. We observed three observations where the staff did not wash their hands between consultations, despite having contact with the young person.
- A Brook wide Infection Control Audit was performed from November 2016 to December 2016, which included 18 Brook locations. Brook Manchester ranked twelfth out of 18 locations with a mean score of 94%, which met Brook compliance of 85% and over. The overall mean score for the previous year had been 100%, which the service achieved for the overall environment however: hand hygiene achieved 91%.
- We observed 'I am clean stickers' on the examination couches in the treatment rooms, staff placed them on equipment to indicate that the couch had been cleaned after use
- We observed cleaning rotas completed by the clinic domestic at the time of our inspection.

Mandatory training

- Brook required each member of staff to attend mandatory training, which included fire safety training, manual handling, safeguarding, basic life support and infection control. Training was completed using an on line system or face to face during the weekly staff meeting.
- There was a Brook Essential Training Matrix that identified essential training requirements and time frames for completion and updates dependent on staff roles. Subjects included fire safety training, infection control, manual handling and record keeping.
- The service administrator maintained a training matrix, which identified the training staff had attended and the date it was completed. We found the service was 100% compliant with all the mandatory training, which included: basic life support, infection control, manual handling and safeguarding level 2, over the reporting period of January 2016 – February 2017 with the exception of level three safeguarding training.
- There were nominated staff that had received first aid and fire marshal training.
- The registered manager planned future training in accordance to the need of the business; weekly staff

meetings provided a platform to discuss any gaps or requirements for mandatory training. Recent changes to the staffing rota allowed staff a protected hour for administration. Any additional role specific training was arranged during this time.

Assessing and responding to patient risk

- Staff had access to emergency equipment within the main clinic which contained oxygen and a face mask, a defibrillator and a first aid kit, should a young person become unwell at the clinic.
- The Education Team had access to equipment in the education establishments where they provided the service.
- Anaphylaxis kits containing Adrenaline were available in each treatment room should a young person suffer an anaphylaxis reaction for example when having an implant inserted.
- All staff were required to complete basic life support training each year as part of the mandatory training and we observed the service was 100% compliant with this training at the time of our inspection. The training matrix showed that all staff had completed this training, of the eight staff records we reviewed all staff had certification of completing this course.
- Staff took detailed medical and social histories of patients on the first visit to the clinic and changes were updated at each visit. This quickly enabled staff to highlight any risk areas.
- When prescribing the contraceptive pill, staff checked the young person's history of migraines and headaches. This was so that most appropriate contraceptive pill could be given.
- Staff understood and knew how to escalate a deteriorating patient; the escalation pathway was visible in consulting rooms. In an event where a patient needed medical attention, an ambulance would be called and the patients would be blue lighted to the local NHS hospital.

Staffing levels and caseload

- The administrator was responsible for scheduling the rota; no acuity tool was used as staffing was flexed to meet the needs of the service. The clinic operated with two trained nursing staff as a minimum. We were advised if there was only one nurse available they would not open the clinic however; this had not been an issue in the 12 months prior to our inspection. The service did

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not use agency nurses and had regular bank staff they could contact if required. There had been one episode of sickness in the previous month but there were still two nurses on duty.

- There were 23 members of substantive staff employed at Brook Manchester as at 24 November 2016. The team had a skill mix of administration staff, nurses, clinical support workers, specialist practitioners, counsellors, and managers.
- The service was nurse led; therefore no doctors were employed at the location.
- The unit found it difficult to recruit a lead nurse and therefore decided to divide the role into four. Currently the service is led by four nurses, who led in different areas. For example one lead nurse leads on safeguarding and reviews any referrals.
- For the period 28 September 2016 to 24 November 2016, there were ten nurses employed to work at the clinic, which equated to 2.0 whole time equivalents (WTEs) and two support workers which equated to 2 WTEs. There were no nursing or clinical support worker vacancies at the 24 November 2016. During this period there had been 15 shifts that were covered by bank staff due to sickness absence or vacancies and no shifts for this period were unfilled.
- The clinic worked alongside the universities and offered placements for student nurses. At the time of the inspection, there were no student nurses on placement.

Managing anticipated risks

- Blood spillage kits were available should an incident occur.
- Fire evacuation procedures were in place and these were practised twice yearly. Training was provided by an outside organisation. There were nominated fire marshals that had all completed the training provided by Brook. The registered manager conducted a monthly health and safety assessment report which was based on reviews of health and safety weekly checklists, fire issues, accidents, incidents, risk assessments, training for staff and monthly water quality tests. Where issues were identified, a record of the action taken to address the situation was maintained. There was always at least two staff on site to close up the clinic.
- The Education Team at times worked on their own, which included attending youth clubs in the early evening. The manager or appropriate other were aware of staff that were lone working and their location. Staff

we spoke with in the team told us they had a work mobile and would text the manager when they were leaving a venue and they would receive a text back. We reviewed text messages on the team manager's phone and confirmed this practice was in place. The Education Team are also provided with individual panic alarms when they are lone working.

- There were panic alarms at the reception desk and in consultation rooms should an incident occur there. Staff we spoke with said the alarm would ring at reception and alert colleagues. Staff told us they had not been in a situation where they had used the panic alarms but felt confident that they had access to them. Staff had access to policies and procedures on how to manage violence and aggression at work. Receptionists were located directly in front of the waiting room, so that they could greet and observe young people. If they thought young people waiting were behaving inappropriately they would ask them to leave, if the behaviour continued, staff would call the police.

Major incident awareness and training

- There was a contingency policy and business continuity plan that listed key risks that could affect the provision of care and treatment or failure of utilities. This was a national policy, which could be accessed by staff via the intranet.
- The clinic did not have a backup generator in case of an emergency, the registered manager told us, if the electricity was to fail, they would call out an emergency electrician.
- Staff had no major incident training or scenario training however: we were informed by the service that as they are not an NHS or government service provider, they do not have major incident or scenario training. This meant that staff did not know what their roles or responsibilities were if a major incident was declared.

Are termination of pregnancy services effective?

Evidence based care and treatment

- Policies and procedures were based on national good practice recommendations and standards. Staff working at the service were knowledgeable about guidelines and recommendations provided by the British Association of Sexual Health and HIV (BASHH), the Faculty of Sexual

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and Reproductive Healthcare (FSRH) and the Royal College of Obstetricians and Gynaecologists (RCOG). Staff were able to access guidelines and policies on the intranet.

- The policy framework was kept on the intranet as live documents, which meant they could be updated immediately. We observed a number of pathways in place, which included onward referral processes for example: female genital mutilation, drug and alcohol, and emergency crisis mental health team, and the escalation process for complaints. These were held in a paper file in the reception area for staff to access.
- Staff we spoke with told us they received a monthly newsletter which included updates on policies and guidelines. We reviewed the monthly newsletters for December 2016 and January 2017 and found these included links to updated policies.
- There was a paper folder available with contact details for local services which could be accessed to support young people for example: domestic violence, and sexual assault services.
- We reviewed ten client records and found eight records had a documented management plan, which evidenced best practice in relation to decision-making processes, two records were not applicable.

Pain relief

- When administering implants the service used a local anaesthetic in the form of cream to numb the area to reduce any symptoms of pain and discomfort. Young people were given advice on pain relief pre and post implant administration.
- Paracetamol was kept on site however; there was no PGD in place for nurses to administer this. Paracetamol was only given by the nurse who performed insertion of an intrauterine device (coil) who was able to prescribe the drug as a non-medical prescriber.
- Young people were advised that they could self-administer analgesia prior to their planned appointment.

Nutrition and hydration

- Young people attending the clinic had access to cold water in the waiting area. There were facilities close by to Brook Manchester where for food and drinks could be purchased if required.

- Lifestyle choices which included diet were discussed as part of the core care record and height and weight was recorded to determine a young person's Body Mass Index (BMI).

Technology and telemedicine

- Information was easily available on the organisation's website for young people to access. This included information regarding the services provided, sexual health, contraception and other relevant organisations. There was also a link to the BASHH website which gave an explanation of the services BASHH provided.
- Young people were able to obtain a response to specific questions by using the organisations 'Ask Brook' service.
- A 'contraception chooser' tool was available on the Brook website to enable young people to research the best method of contraception for them. The waiting room had notices that provided information on specific websites to access to gain information on sexual health and contraception.
- Young people were not able to book appointments online via the website.
- There was no facility for young people to complete a history before they arrived at the service.
- There was a short video available on the website that showed the clinic and what to expect when visiting.
- Outcomes of tests and appointment reminders and follow-ups could be provided to young people by text if they had consented to this, and we observed staff informing young people of this option during consultation.

Patient outcomes

- Brook Manchester took part in local audits and those arranged by the organisation or external organisations nationally. Brook had a national annual clinical audit cycle. This identified planned audits, which included: implant fitting and removal, sexually transmitted infection testing and treating, infection control, emergency contraception, and referrals for termination of pregnancy.
- For the period January 2016 to December 2016, 36 young people were referred for termination of pregnancy services, 10 were referred to a sexual assault referral center, and 108 to a genito-urinary medicine (GUM) service.
- The service performed an audit of sexual transmitted infection, which used the standards from the British

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Association of sexual health and HIV (BASHH) Guidelines for sexual health history taking (2013). The audit included 40 young people from Brook Manchester that had been diagnosed with an STI between October 2015 and May 2016. Two returned to Brook Manchester and were treated with antibiotics. The young people were contacted by the organisation performing the diagnostic test and were given information of how to receive treatment and it was that provider that monitored if people had received treatment. There were eight young people that received retesting after three months at Brook Manchester.

- Brook Manchester contributed to the Brook Abortion audit 2016. It was completed to understand the numbers and management of unwanted pregnancy across Brook services nationally. This was undertaken to understand the extent and management of unwanted pregnancy across Brook services. There were 36 young people that were referred for an abortion. Of these 36 young people an STI test was documented as agreed in eight cases and in 25 cases no test was offered or it was not documented. The results from the audit showed that staff had not always followed the guidelines when providing care and treatment to young pregnant women. This was because not all young women had been screened for a sexually transmitted infection or offered the test. National recommendations following the audit were that all women referred for an abortion were to be screened for sexually transmitted infection or it should be documented that it was inappropriate. These changes to practice were cascaded nationally to all staff and once implemented would provide a better outcome for young women attending the clinics.
- Brook Manchester contributed to the Brook National Implant Audit. The target was for one third of women having an implant removed to be STI screened prior to removal. We reviewed the audit for the period April 2016 to June 2016 and found 27% of women had received an STI test prior to the implant being removed. Although Brook Manchester was the second highest performing Brook location, they were not meeting the Brook target of 33.3%.
- Data was provided to the commissioners on a quarterly basis to show performance which included the uptake of implants, Long Acting Reversible Contraception (LARC) (LARC methods included implants and intrauterine devices or system (IUD/S)), referral for abortions and sexually transmitted infection screening.

We reviewed the Quarterly Report for the period April 2016 to June 2016 and of the 2116 clients that attended, 34.4% of the clients had an STI screen, an increase of 2% from the previous quarter. There were 12% (225) of young people that chose a LARC method with an increase of ten young people receiving an implant compared to the previous quarter.

- For the period April 2016 to June 2016, there were 1723 Education and Training contacts across a variety of locations.

Competent staff

- The service had an induction process in place for new staff, which included an information checklist and a competency induction session. We reviewed eight staff records that all contained the induction checklist completed and in date. Of the eight records we reviewed we observed this was in place for a new member of staff. There were 16 out of 23 (69.6%) of staff at 23 November 2016 that had received an appraisal within the previous 12 months. The annual appraisal provides the opportunity for learning needs to be identified.
- There were Brook wide systems in place to assess staff competencies in a variety of clinical procedures, which included: managing specimens, referral and signposting to local services, asymptomatic screening, chaperoning, condom education and distribution, and pregnancy testing.
- Nursing staff were required to complete Sexually Transmitted Infections Foundation (STIF) training, or be assessed as achieving the required standard in line with the current requirements of the Brook Clinical Leadership Team. The STIF Competency Programme is a nationally recognised training and assessment qualification in sexual health developed and administered by the British Association of Sexual Health and HIV (BASHH). It is a modular competency-based training and assessment package for non-specialist and specialist healthcare professionals requiring skills development to manage people with sexually transmitted infections. There were three levels of training; fundamental, intermediate and advanced. This training had not been recorded on the training matrix we received however; the manager informed us following our inspection that all the substantive nursing staff had completed level one and level two.

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- All the nurses were Contraception and Sexual Health Nurses (CASH) and they gained this by completing the Contraception, Reproduction and Sexual Health Training (CRASH) training.
- There were a range of non-mandatory training that was available for example: female genital examination, STIs in pregnancy, child sexual abuse, record keeping, Patient Group Directives (PGDs) and the STIF core course.
- The training matrix we received for Brook Manchester identified that out of the ten nurses, one had received training on female genital examination, one had received training on STIs in pregnancy, two had received training for child sexual abuse, one had received record keeping and seven out of ten nurses had attended PGD training. Child sexual abuse training was covered in Brook mandatory safeguarding Training, which all staff were either up to date with or were attending an update in February 2017.
- There were four nurses trained to administer implants and one nurse trained to insert coils. One clinician told us they had recently completed the training to administer implants, which consisted of e-learning on-line followed by practical assessment by their manager and a person from the training company.
- Brook Manchester was a nurse led service and therefore no doctors worked at the location.
- Where poor performance was identified the manager and the staff member met to identify implement and monitor a performance action plan.
- All counsellors were British Association for Counselling Psychotherapy (BACP) qualified.

Multi-disciplinary working and coordinated care pathways

- Staff reported strong links with the Local Safeguarding Children's Board (LSCB) when referring young people.
- We observed at the time of our inspection referral pathways for a number of local services that were used to support a young person's needs.
- Staff told us that some partner agencies were using Brooks Sexual Behaviours Traffic Light Tool.
- Brook Manchester Education Team worked with schools and universities and delivered one to one, or group education sessions. They also worked with external providers to capture hard to reach communities. For example they had recently worked with a local organisation to reach a small group of refugees.

- Brook had looked at different ways in educating those with learning difficulties; they used a DVD to educate young people about sexual health at a local deaf centre.
- Staff demonstrated through examples the good links they had with the CAHMS team. Staff had access to a consultant psychiatrist at the local NHS hospital if they needed further advice or an emergency admission.
- If information was required to be shared for example with a young person's general Practitioner (GP) or an acute provider, letters were provided for the young person to take by hand.

Referral, transfer, discharge and transition

- Children and young people did not require a referral to attend the service however; referrals were received from other services, including schools and colleges.
- If following consultation a need was identified and referral to other services was required, the staff at Brook Manchester had processes in place to refer and we saw evidence of referrals being made, which included safeguarding, termination of pregnancy and drug and alcohol services.
- When young people reached the age of 20 years, they were no longer eligible to access the service. We asked staff members what plans were in place to support this transition of care. Staff told us they provided information to young people to inform them where they could access sexual health services.

Access to information

- Staff had access to paper and electronic records for young people. Records included documentation in relation to the young person's care, treatment, and medical and social history.
- The electronic system and paper record system had systems in place that alerted staff to known risks or concerns about individuals attending the clinic.
- Best practice guidelines and Brook Policies and Procedures were all available via the intranet.
- Electronic records were not accessible when the education team were out at alternative locations. At present the service were unable to access electronic records from other Brook services to determine if the young person was already known to Brook however; there were plans in place for a new electronic record system, which would enable this process to improve information sharing across Brook locations.

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Consent

- The service had a consent policy; this was in line with national guidelines. Assessment of young people less than 16 years of age was completed in accordance with Gallick competencies and Fraser Guidelines. This is a national protocol for assessing the maturity of a young person to make decisions and understand the implications of their contraceptive choices.
- We reviewed ten client records in total for consent. We observed core client records indicating this assessment had been completed in eight out of ten cases. The two of ten cases we reviewed where consent was not documented were where the patient had attended for condoms only.
- We observed five consultations where verbal consent was obtained prior to the delivery of care and treatment. For example verbal consent was obtained prior to any observation recordings, including weight, height, and blood pressure.
- We observed in the six records where it was applicable, there was evidence of assessment of competence in all six records.

Are termination of pregnancy services caring?

Compassionate care

- At the time of our inspection, we observed young people being treated with dignity, compassion and respect from the time they arrived at the clinic by the reception staff, and during their consultations with nurses and clinical support workers. All staff who responded to the 2015 staff survey felt that they cared for young people with dignity and respect.
- The waiting area in the clinic was not visible from outside the building, which maintained privacy from passers-by.
- On entering the reception area there were two booth areas, which provided additional privacy for young people attending the clinic, to discuss the service required with the reception staff.
- Young people were given a number, which was used to call them to maintain their confidentiality.

- A Chaperone policy was in place and signs were displayed in treatment rooms advising young people of this service. We saw evidence in seven out of ten records that this service was offered.
- One young person told us they felt comfortable coming to the service and they like the confidential element of the service.
- A National Countermeasures Survey conducted in September 2016 indicated that 100% of respondents at Brook Manchester would recommend Brook to a friend.

Understanding and involvement of patients and those close to them

- There was evidence in eight out of ten records we reviewed that the young person had participated in the decision making process. The two records where this was not recorded was when condoms only had been supplied.
- We observed two consultations and staff gave young people options with information to enable the young person to make informed choices about their sexual health. Young people told us at the time of our inspection: 'it's amazing, and' it's someone to talk to', 'they don't tell anyone'.
- Young people were offered and had the opportunity to discuss any concerns with a qualified counsellor. All counsellors were British Association for Counselling Psychotherapy (BACP) qualified and could be seen by appointment. They offered support to young people with different issues such as mental health issues, anxiety, low self-esteem, sexual exploitation, family difficulties and risky behaviour.

Emotional support

- Brook One to One is a personal development programme for young people who are vulnerable or risk taking in their sexual health or relationships. Young people who were referred required a more intensive and supportive programme than can be offered through Brook group work.
- Feedback from young people that had attended the one to one service was positive and comments received included; 'The time spent on these sessions allowed me to understand what consent means and that it's about having a choice', 'I know what I want in a partner and

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having sex isn't the only way to prove you love someone', and 'I have learnt how to deal with certain situations better than before, I have put closure on what happened to me and I have gained in confidence'

- Staff demonstrated effective communication skills; during consultations they reassured young people when they felt apprehensive. For example we saw staff comfort young people and check that they understood the information they were giving them. The flow of conversation was not strained or awkward, staff asked personal questions with integrity and used a non-judgemental approach.
- We did not see staff encourage any young person to inform their parents about the consultation or the contraception they were prescribing. However staff told us that if they thought a parent should be informed they would encourage the young person to inform a parent or an adult. Staff referred to termination of pregnancy as an example, they advised when young people have been unsure of their decision to terminate, they would always encourage the young person to talk to their parent and come back to clinic once they were sure about their decision.

Are termination of pregnancy services responsive?

Planning and delivering services which meet people's needs

- The service were aware of the local health needs of children and young people and had reviewed data from The Joint Strategic Needs and Assets (JSNA) 2015/2016 to understand local needs and referral pathways to local services for young people.
- Service leaders worked closely with commissioners to ensure key performance indicators were met. For example at the time of our inspection, the registered manager took the decision to close the unit on Sundays and open an hour longer during Monday to Saturday; this was to meet the needs of the local population.
- Brook Manchester was based in a ground floor building in the centre of Manchester close to several higher education establishments.
- Due to the central location, the service could be accessed easily using public transport.

- A television was in the waiting area for the benefit of young people who were waiting for their consultation, as well as toilets and baby changing facilities, and there was access to a drinking water fountain in the waiting area.
- The service was available six days a week, between Monday and Saturday, and offered a drop in or appointment service.
- The Brook website had 24 hour access to 'Ask Brook', which provided information on a range of topics, including termination of pregnancy, staying safe on line and contraception. If young people required urgent or emergency information or care, there was a range of services listed with details how to contact the service. Advice lines were advertised in literature and on websites to support people to seek help and support.
- Young people were allocated a numbered ticket following check in. This prevented the need for a young persons' name to be called when it was time for their consultation and ensured the young person's confidentiality was protected. The Education Team provided an in-reach service to local education establishments to reach people who would not normally access the service. Education was provided in groups or was available on a one to one basis if the need was identified and Brook Manchester provided 15 counselling sessions a week after school hours for young people to access.
- An electronic booking system was in place so that reception staff could track the young person in the clinic at all times. This enabled the reception staff to monitor the waiting times of each young person and ensured they were seen by the appropriate clinician within a reasonable timeframe. The service were able to offer testing and treatment for sexually transmitted infections, which included chlamydia and gonorrhoea, and testing for HIV.

Equality and diversity

- Staff had access to a policy and procedure, which set out key principles for promoting equal opportunities and valuing diversity across the service.
- The service did not offer male or female clinics, however if a young person wanted to see a male nurse, they would be offered an appointment when the male nurse was available.

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- The clinic was assessable for young people with mobility difficulties and all services were delivered on the ground floor.
- Data on ethnicity and service user groups was provided to commissioners, the unit reported that between October 2016 – January 2017, less than 3% of attendees were Asian or British Asian and less than 13% were Black or British Black. Staff felt more work was needed to capture young people from both populations. We saw no reference made to improving these rates in any of the business strategy documentation we reviewed.
- Staff had access to a language line which provided a telephone interpretation service with more than 170 languages available.
- There was an induction loop service available to support young people with hearing difficulties
- There was a male nurse employed at the clinic and appointments could be made with the male nurse if a young person preferred to be seen by a male.
- The organisation was looking at changing patient forms to reflect the different sexual orientation of young people. For example Brook were nationally looking at introducing patient forms that captured the transgender population.
- The clinic introduced education sessions in colleges where they offered construction courses. This was so that they could target the young male population. The service reported that between 12-16% of males attend the clinic between the period of October 2016 – January 2017, compared to the data range of 85% -88% of females during the same period.
- The Education Team outreached into the community via schools, colleges, and universities to support emotional development and learning of core skills, with specific programmes that addressed the needs of the most vulnerable young people.
- Staff received training on how to challenge discrimination connected to sexuality, race and disability.
- Brook Manchester had a counselling service and young people could self-refer to this service or staff could discuss the benefits of the service with the young person and could make a referral on their behalf.
- Staff told us that if a patient had learning difficulties they would see them on their own and assess their competency using the Fraser Guidelines then would allow their carer into the consultation to offer the young person support. The staff would find out if other services were involved and would ask for consent to contact the service to share information.
- Brook Manchester offered a screening service for HIV testing. Young people were offered guidance and options on how they wanted to receive their test results and had the opportunity to contact Brook to ask questions about any concerns once they had had time to consider their HIV status. The clinic reported 17 HIV tests offered and accepted between the reporting period of October 2016 and January 2017.
- A text message would be sent if results were negative to the young person, if they had agreed to this form of communication. If the test was positive the staff contacted the young person by phone to offer an appointment to discuss options and refer for appropriate treatment. The service did not provide treatment and ongoing care for HIV, but staff had information on how and to which service to refer the young person.
- Brook Manchester were able to provide pregnancy advice and information for young women who attended clinic for a pregnancy test or knowingly pregnant.
- The Education Team had worked with a local organisation to target a small group of refugees. A DVD had been used to educate young people about sexual health at a local deaf centre.

Meeting the needs of people in vulnerable circumstances

- An assessment of young people's vulnerabilities was completed at each visit and recorded within the client care records. Young people completed an initial information sheet and the clinician carried out a full assessment, which identified specific vulnerabilities for example: learning disabilities, safeguarding issues, and the age of the young person. Referrals were made to specialist services if an ongoing need was identified.
- A chaperone service was available and there were notices in each treatment room advising young people of this service.

Access to the right care at the right time

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- Brook Manchester was located in the City Centre providing easy access to young people who attended the clinic by both public transport and when using their own car.
- The clinic was open six days a week from Monday through to Saturday and a nurse was always on site.
- Reception staff recorded the time they booked a young person onto the system by entering them into a time slot on the electronic clinic list. This enabled clinicians to know the order young people arrived so they could be seen in turn.
- Young people were triaged by a receptionist to ensure they were referred to the appropriate service and were not waiting unnecessarily. School and college clinics were provided across the area to enable young people easy access to the service. These sessions were mainly walk in clinics, which did not require the young person to have a booked appointment.
- The outreach clinics were run at times to correspond with the education organisations timetable and opened at lunch or break times. If a young person required the counselling service these appointments were available after school/college.
- An information leaflet was available and given to young people who requested the fitting of an implant. The fitting of implants had to take place at the correct time in a young woman's menstrual cycle. This process was also explained verbally to the young person during their initial appointment.
- For the six month period from 1 July 2016 to 31 December 2016, 3986 contacts were made to the Brook Manchester clinic. Of these contacts 81.8% were seen within 30 minutes with 55.8% seen within 10 minutes. Young people who attended the clinic were informed of the waiting time and were offered an alternative appointment time if they decided to return at a later time or alternative day.
- The service had an open access policy which meant that the vast majority of visits were unscheduled. This meant if core staff were off sick, this could have a detrimental impact on how quick young people could access the service. If there had been an unforeseen delay, people with the greatest need, for example under 16 years of age or those attending for emergency service, were prioritised with other young people offered an appointment to return on another day or sign posted to an alternative service.

Learning from complaints and concerns

- Brook had a client complaints policy and procedure in place for managing complaints.
- The clinic managers were aware of the national Brook Complaints Policy and were able to describe the process should a complaint be received which included: the unit manager reviewing the complaint, followed by discussion at the clinical governance meeting. Following this meeting, when necessary the complaint would be escalated to the organisation's board meeting and any learning would be shared with staff via the monthly newsletter and team meetings.
- Complaints were logged nationally, so that the organisation had an overview of the complaints received in each area. The organisation reviewed the actions taken in response to the complaints and fed it back to managers when needed.
- We observed information available in the waiting area for young people who wished to make a comment or complaint.
- Information about making complaints and providing feedback was also available on the Brook website.
- Brook Manchester reported no complaints being received in the 12 month prior to our inspection.

Are termination of pregnancy services well-led?

Leadership of this service

- Leaders of the organisation had the skills, knowledge, experience and integrity they needed on appointment.
- The fit and proper person checks were carried out by the organisation for trustees and directors prior to their appointment. These included Disclosure and Barring Service (DBS) checks, obtaining a previous history (to ensure they had not experienced bankruptcy or been previously removed from the trusteeship of a charity) and that the applicant had no conflicts of interests. The DBS check provides information on previous criminal convictions and assists employers in ensuring suitable people work within the organisation.
- The Board had overall governance responsibility for the organisation and delegated authority through the Chief Executive to the Executive and Management Teams,

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within a clear written scheme of delegation and statement of internal controls. The board of trustees met formally at least four times per year and had four governance sub-committees.

- The Clinical Advisory Group provided clinical direction and support with the aim of ensuring continuous improvement in the quality of clinical services delivered to young people by Brook. The Group oversaw the development, monitoring and implementation of clinical governance and quality improvement plans.
- All staff commented on how approachable and visible the registered manager was, they felt supported and were offered guidance whenever needed.
- Staff we spoke with felt supported by the managers and lead nurses. This was evident in staff records, for example where staff did not adhere to Brook values, the registered manager set out a clear plan of actions and assigned time frames. This was so that performance could be monitored and the staff could be supported.

Service vision and strategy

- The national vision was clearly displayed across the clinic; the Brook vision was “valuing children, young people and their developing sexuality”. Staff we spoke with were aware of the vision and could describe the how they worked as a team to provide all children and young people with the support they needed to develop their self-esteem.
- Staff supported the Brook mission statement: “to ensure children and young people have access to high quality, free and confidential sexual health services, as well as education and support that enable them to informed active choices about their personal and sexual relationships so they can enjoy their sexuality without harm”. The clinic gave examples where practice had changed, to be in line with the Brook mission. For example educational sessions were organised in outreach centres to increase the knowledge of young people and help them become responsible for their sexual lives, sexual health and emotional well-being.
- Brook had eight strategic goals; at Brook Manchester these goals were evident in the day to day running of the clinic. For example, goal one stated “young people will be involved in all our work”; we saw that the registered manager sought feedback from young people to develop the service. In line with another goal, Brook Manchester had a strong relationship with their local

commissioners. Quarterly reports of how the unit was performing against the commissioning strategy were fed into local commissioners regularly. Staff felt they had a good working relationship with commissioners and together strived to achieve the service vision.

- The local commissioners had advised there would be a review of commissions funding in 2017/8 and a successful tender application would be required to secure the future funding of the service.

Governance, risk management and quality measurement

- There were defined governance and reporting structures, board members had overall oversight of governance and met formally four times a year. We reviewed minutes from board meetings, the meetings were well represented with heads of department from different areas, such as service delivery, operations, corporate and development and partnership.
- Strategic risks were discussed at the national monthly board meeting. Any actions from this meeting were cascaded throughout the organisation through the regional operations managers and registered managers.
- There was a national strategic risk register in place; this was last updated in August 2016. The risk register was formally reviewed by Risk, Finance & Assurance Committee. Risk was also a standing agenda item at the weekly senior management team meeting and was discussed in detail at least once per month.
- The registered manager and four nurse leads were aware of the national and local risk register and how to escalate risks. We reviewed the national risk register and noted that all risks had an action plan, and a due date assigned to them. Details of who was responsible for completing the actions were identified for each area. This meant that risks were monitored and actions were owned, so that risks could be reduced. For example, failure to appropriately safeguard a young person was listed as a risk and may have resulted in serious harm of a young person. The unit also identified corporate risk, including reputational damage and loss of confidence in Brook. Control measures were put in place to reduce risk these included a cooperate Protecting Young People Policy and Supervision Policy, additional information sharing, under-13s, documentation and remote support and annual independent review of safeguarding by Safeguarding Committee.

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- The head of nursing reviewed the document and all risks were assessed and rated using the RAG system. The RAG rating assessment tool is based on the red, amber and green colours used in traffic light systems, with red being the most serious risk. It contained five risks, of which four were rated 'red', one was rated 'amber' and none were rated 'green'.
 - The local, quarterly clinical governance meeting reviewed risks and ensured all present agreed on the RAG rating prior to referring to the national clinical advisory committee. The register manager had strong links with local commissioners, staff felt they were not target driven and that commissioners focused on young people. The registered manager was able to tailor the service to the needs of young people and by doing so met service level agreements. For example, in quarter 3 2016/2017, the clinic achieved a 5% increase in attendance rates.
 - The national Clinical Advisory Group provided clinical direction and support to Brook clinics. They reviewed risks and the quality of clinical services delivered to clients by Brook. The committee aimed to continuously make improvements and had oversight of the implementation of clinical governance and quality improvement plans. At the time of our inspection, there were no specific references to Brook Manchester on the national strategic risk register.
 - Brook used the Practical Quality Assurance System for Small Organisations (PQASSO). This is a performance evaluation system and quality mark for charitable organisations in the UK. Evaluations use a system of peer review between small charities based on 12 quality areas, which include governance, leadership and management, user-centred service and monitoring and evaluation. It supports organisations to systematically examine where they are performing well and where they need to improve. Brook has supplemented the 12 generic PQASSO quality areas with six Brook standards specific to a young people's sexual health service. The organisational aim was for all Brook services to achieve level 2 of the PQASSO and Brook standards had been met as at 30 September 2016 confirming that Brook Manchester had attained level two.
 - The clinic had systems in place to review safeguarding activity, the Safeguarding Advisory Committee provided scrutiny, challenge and support to staff, and provided assurance to the Board.
 - The safeguarding committee produced a quarterly report to the local safeguarding board, which identified trends in incidents.
 - Information from the report and committee was cascaded to staff through regular staff meetings. This was to ensure they were aware of any changes processes.
 - Audits undertaken by the clinic detailed what actions were required to improve patient care and safety. For example, a most recent national implant audit showed evidence of what steps should be taken to improve the management of implants. The audit was a follow up to a previous 2013 audit, results showed a worsening rate of non-compliance in women presenting with irregular bleeding and being tested for Chlamydia & Gonorrhoea. We saw no evidence of action taken as a result of these audits and there was no evidence in the minutes of the clinical effectiveness or governance meetings that these had been discussed.
 - Policies and procedures were available to staff regarding managing risks and health and safety. For example the Health and Safety at work Act regulations 1999 states that all organisations must undertake risk assessments which were appropriate and relevant.
 - Not all practice we observed was line with Brook Policies and procedures. For example staff did not follow the management of specimens and disposal of waste appropriately.
 - The senior management team met every six to eight weeks, during the meeting local performance and business needs were discussed.
 - During quarterly meetings, the team were updated on clinical changes. If there was a need to disseminate information before the meeting, the manager used staff huddles and emails as a platform to do so.
 - Registered managers from different areas did not meet up, this meant that they did not share best practice and opportunities to discuss improvements were missed.
- ## Culture within this service
- Staff we spoke with said the service was a friendly and supportive environment to work within.
 - Common themes amongst discussions with staff were noted, for example all staff said colleagues were approachable and helpful. They all adopted an open door policy, which allowed colleagues to draw on expertise and skills.

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- The focus within the service was on young people and staff were proud to work within the service. This was supported by the national staff survey that showed of the 219 responses, 90% of staff agreed that young people were a priority.
- Brook Manchester had a learning culture; the registered manager was committed to providing protected time to staff each week for training and supervision.

Public engagement

- The unit looked at different ways to engage with the public, for example to obtain feedback about their service, staff at Brook Manchester asked young people to leave feedback on cut out Christmas tags and hung them up on the tree in 2015. More recently, young people who participated in the Duke of Edinburgh award were asked to design a feedback leaflet. The leaflets were called “did you get what you came for?” were in all public areas of the clinic.
- Counter Measures is a simple method of taking an exit survey that requires a minimum number of materials, minimum collation, and is accessible to most, if not all young people. Clients were given a counter and asked to drop it into one of two containers in response to a closed survey question to elicit a yes or no response. In March 2016 19 Brook locations performed a survey and asked young people who attended the service ‘Did Brook help you today’. Brook Manchester received a 69% response rate, which was better than the Brook wide response of 55%, and 99% had responded ‘yes’, which was better than the Brook wide response of 97%.

Staff engagement

- A national staff survey was carried out by Brook every two years. In 2015, there were 219 responses to the national staff survey. The survey asked a series of 32 questions about working at Brook and the outcome of staff views were generally positive. When asked about clear objectives and goals for their role, 88% of staff said they agreed or strongly agreed these were in place and 98% of staff said they were trusted to do their job. Staff agreed that Brook’s top priority is to support young people and that the organisation acted on concerns raised by young people, with 90% of staff agreeing and strongly agreeing this was the case.

Innovation, improvement and sustainability

- The service worked with the local universities to provide student work placements, the unit were recently reaccredited by the Universities to continue this.
- Changes were made to staff contracts to incorporate one hour a week protected time for training or supervision.
- National fundraising was paramount to promoting the Brook vision, in January 2017, Brook held a charity event called “Sex appeal”, this included a number of comedians volunteering time to promote the work of Brook and entertain the audience.
- Manchester Brook had successfully secured a place on the Salford local authority list of approved clinics for counselling. This meant that schools in the Salford area were able to approach the clinic if children and young people in secondary school needed counselling.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all clinical staff who contribute to assessing, planning, and evaluating the needs of a child or young person are trained to safeguarding at level three as required by Brook and recommended in the Intercollegiate Document (2014).

Action the provider **SHOULD** take to improve

- Consider training all clinical staff who contribute to assessing, planning, and evaluating the needs of a child or young person to safeguarding level three in line with guidance from the Intercollegiate Document (2014).
- Consider including audits in relation to dispensing medication under a Patient Group Directive (PGD) to provide assurance that PGDs are being adhered to.
- Consider allergy status to be recorded in all clinical records to reduce the risk of allergic reaction.
- Consider having robust major incident training and look to allocate personnel to roles and responsibilities should a major incident be declared.

- Review the Brook Policy for Specimen Collection and Transportation October 2016 to ensure the practice of managing the storage of specimens reflects Brook Policy.
- Review the Brook Policy for Safe Disposal of Waste October 2016 to ensure practice reflects Brook policy.
- Provide the opportunity for all staff to receive an annual appraisal.
- Review the service training matrix, to ensure it reflects the level of training staff have completed.
- Consider increasing the number of young people receiving a sexual transmitted infection screening prior to an implant being removed.
- Highlight with staff the need to perform hand hygiene following contact with a young person.
- Have electronic and paper records that contain the same personal information.
- Consider having a local risk register that is used to identify risks to Brook Manchester.
- Consider having a regional registered management platform to share best practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met:</p> <p>Systems and processes were not established and operated effectively to prevent abuse of service users.</p> <p>This is because:</p> <p>All clinical staff who could potentially contribute to assessing, planning, and evaluating the needs of a child or young person were not trained to safeguarding level three.</p>